Prepared By:
Anita Young Fowler

Scriveners Affidavit

RE: Map/Parcel 135-00-0 054.00, 264 Franklin Limestone Rd.

This document is pertaining to instrument # 20110812-0062232 which was a quit claim deed transfer from the Charles T. Young & Eleanor Ruth Young Revocable Living Trust to the Charles T. Young Jr. Irrevocable Trust.

The following information should be filed with instrument #20110812-0062232 to avoid any future title problems.

1. Charles T. Young and Charles T. Young Jr. refer to the same person born on 11/22/1928 in Daylight, TN.
2. Eleanor Ruth Young died on April 8, 2010. A copy of the death certificate is attached.
3. Charles T. Young Jr. is the grantor of the Charles T. Young Jr. Irrevocable Trust, and Anita Young Fowler and Robert N. Young are the Trustees.

Signature of Trustee

11-2-11
Date

Notary Public

11/2/11
Date

My commission expires 1/21/2013

ROBERT T. LAW
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

BILL GARRETT, Davidson County
Trans:T20110071094 AFFIDAVIT
Recvd: 11/10/11 10:57 2 pgs
Fees:12.00 Taxes:0.00
20111110-0088009

My Commission Expires 1/21/2013

T.A.L.
PICK-UP

STATE OF TENNESSEE
Office of Vital Records

1002140

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Eleanor Ruth Young
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 8, 2010
4. SOCIAL SECURITY NUMBER: [redacted]4105
4a. AGE-Last Birthday (Years): 79
5. DATE OF BIRTH (Month, Day, Year): May 19, 1930
6. BIRTHPLACE (City and State or Foreign Country): Rutherford County, TN
7. EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
8a. PLACE OF DEATH (Check only one): 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 [X] Hospice 7 Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): Alive Hospice Residence
8c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
8d. COUNTY OF DEATH: Davidson
9. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
10. SURVIVING SPOUSE (If wife, give maiden name): Charles T. Young
11a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Customer Service Administrator
11b. KIND OF BUSINESS/INDUSTRY: Manufacturing
12a. RESIDENCE-STATE: Tennessee
12b. COUNTY: Davidson
12c. CITY, TOWN OR LOCATION: Nashville
12d. STREET AND NUMBER OR RURAL LOCATION: 264 Franklin Limestone Road
12e. CENSUS TRACT
12f. INSIDE CITY LIMITS? 1 [X] Yes 2 No
12g. ZIP CODE: 37217
13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 [X] No
14. RACE-American Indian, Black, White, etc. (Specify): White
15. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): College (1-4 or 5+): 1

PARENTS

16. FATHER'S NAME (First, Middle, Last): Overton Henry Charlton Jr
17. MOTHER'S NAME (First, Middle, Maiden Surname): Minnie Sue Fields

INFORMANT

18a. INFORMANT'S NAME (Type/Print): Charles Thurman Young Jr.
18b. RELATIONSHIP TO DECEASED: Husband
18c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 264 Franklin Limestone Road Nashville, Tennessee 37217

DISPOSITION

19a. METHOD OF DISPOSITION: 1 [X] Burial 2 Cremation 3 Donation 4 Other (Specify)
19b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Bethelem Cemetery
19c. LOCATION (City or Town, State): Warren County, TN
20a. SIGNATURE OF FUNERAL DIRECTOR: William R. Appleton
20b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2700
20c. SIGNATURE OF EMBALMER: Mouvette Lopez-Ortiz
20d. LICENSE NUMBER OF EMBALMER: 5992
21a. NAME AND ADDRESS OF FUNERAL HOME: Woodbine Funeral Home, Inc., Hickory Chapel 5892 Nolensville Road, Nashville, Tennessee 37211
21b. LICENSE NUMBER OF FUNERAL HOME: 760

REGISTRAR

22. REGISTRAR'S SIGNATURE
23. DATE FILED (Month, Day, Year): June 14, 2010

CERTIFIER

24a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
1 [X] SIGNATURE AND TITLE OF PHYSICIAN
24b. LICENSE NUMBER: 44186
24c. DATE SIGNED (Month, Day, Year): 4-12-2010
24e. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.
2 SIGNATURE AND TITLE OF MEDICAL EXAMINER
24d. LICENSE NUMBER
24e. DATE SIGNED (Month, Day, Year)

PHYSICIAN OR MEDICAL EXAMINER (IF CUTTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 72 HOURS.)

25. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): David B Tribble M.D. 1718 Patterson Street, Nashville, TN 37203

CAUSE OF DEATH

26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Septic Shock
DUE TO (OR AS A CONSEQUENCE OF): b. Bowel Obstruction
DUE TO (OR AS A CONSEQUENCE OF): c. Stage IV ovarian Cancer
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
DUE TO (OR AS A CONSEQUENCE OF): d.
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
27a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 [X] No
27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

28. MANNER OF DEATH: 1 [X] Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
29a. DATE OF INJURY (Month, Day, Year)
29b. TIME OF INJURY
29c. INJURY AT WORK? 1 Yes 2 No
29d. DESCRIBE HOW INJURY OCCURRED
29e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) (Specify)
29f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

TH-1000 (REV. 07/2)
STATE FILE NO.
RDA 1388

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

3791896

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach
STATE REGISTRAR

Tonya Y. Foreman
Tonya Y. Foreman, Local Registrar
Davidson County, Tennessee

APR 14 2010
Date Issued

SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 TENNESSEE

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD